



Stratford-upon-Avon & District Beekeepers' Association

www.stratfordbeekeepers.org.uk

Parental & Medical Consent Form

CONFIDENTIAL

Activity:

Date:

Venue:

FOR ATTENDEES UNDER 18 YEARS OLD – PLEASE COMPLETE ALL SECTIONS

ATTENDEE:

Full name		
Home address		
Date of Birth		Age
Doctor's name & Phone number		

PARENT OR LEGAL GUARDIAN:

Full name	
Relationship to child	
Phone number(s)	
E-mail address	

ALTERNATIVE EMERGENCY CONTACT:

Full name	
Relationship to child	
Phone number(s)	

MEDICAL DECLARATIONS:

It is your responsibility to make known any disability / medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

Has your child ever suffered from any of the following conditions:

Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes, an allergic reaction to a bee sting? YES / NO

If YES please provide details, including any specific medical advice to be followed in an emergency:

<p>Is your child currently taking any medication? YES / NO If YES please specify:</p>
<p>Does your child have any food allergies? YES/NO If YES please specify:</p>
<p>Please provide any other relevant medical details / conditions:</p>
<p>I, the parent/ guardian of, give permission to the organisers of the event to administer any relevant treatment or medication to the above-named participant when and if necessary.</p>
<p>Signed (parent/guardian):</p>
<p>Name (please print):</p>
<p>Date:</p>

PARENT OR LEGAL GUARDIAN DECLARATIONS

<p>I confirm that the above-named young person is my legal dependent and I would like them to participate in this event and I confirm that my dependent is competent to take part.</p> <p>I will be responsible for my dependent at all times and available at the event venue during the time my dependent is involved in the beekeeping event</p> <p><u>Photography consent:</u> I note that photographs may be taken during the event, and I consent to these being used by SBKA for marketing purposes, having had prior sight.</p> <p><u>Disclaimer of Liability:</u> Young persons are primarily responsible for their own safety and must follow instructions from the event organisers given in the interests of all participants in the event.. The 'organisers' encompasses everyone helping to run the event.</p>
<p>Signed (parent/guardian):</p>
<p>Name (please print):</p>
<p>Date:</p>

This form must be fully completed, signed, and returned to the event organiser